

Vermont Department of Mental Health

FY2020 BUDGET PRESENTATION

SARAH SQUIRRELL, COMMISSIONER

MOURNING FOX, DEPUTY COMMISSIONER

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Proposed Agenda

DEPARTMENT OVERVIEW

DEPARTMENTAL BUDGET

RESULTS BASED ACCOUNTABILITY (RBA)

Departmental Overview

DEPARTMENT RESPONSIBILITIES

SYSTEM OF CARE

COMMUNITY PROGRAMS

MAP OF SYSTEM BED CAPACITY

Overview

- ❑ Budget \$266 M
- ❑ Oversight, Designation and Collaboration with:
 - 10 Designated Agencies
 - 2 Specialized Service Agencies
 - 7 Designated Hospitals
- ❑ Operations of Vermont Psychiatric Care Hospital (25 beds)
- ❑ Operations of Middlesex Therapeutic Care Residence (7 beds)
- ❑ 320 staff, 255 at the facilities, 62 at Central Office
 - ❑ Central Office Units: Administrative Support, Financial Services, Legal Service, Research & Statistics, Clinical Care Management, Operations, Policy & Planning, Quality Management, Child, Adolescent & Family, Adult Mental Health Services
- ❑ 25,000 people served through the DA/SSA system with even more served through Community Outreach, Emergency Services, and Crisis Teams
- ❑ Other Notable Partnerships: Child and adolescent psychiatric fellowship at UVM, Vermont Federation of Families for Children's Mental Health, Center for Health and Learning, Vermont Psychiatric Survivors, National Alliance on Mental Illness VT, Pathways Vermont and many others.
- ❑ Collaboration with sister departments, hospitals, other community providers, One Care, police departments, courts and others

Designated Providers

Designated Agencies

- Clara Martin Center
- Counseling Services of Addison County
- Health Care and Rehabilitation Services of Southeastern Vermont
- Howard Center
- Lamoille County Mental Health Services
- Northwest Counseling and Support Services
- Northeast Kingdom Human Services
- Rutland Mental Health Services
- United Counseling Service
- Washington County Mental Health Services

Specialized Services Agencies

- Pathways Vermont
- Northeastern Family Institute

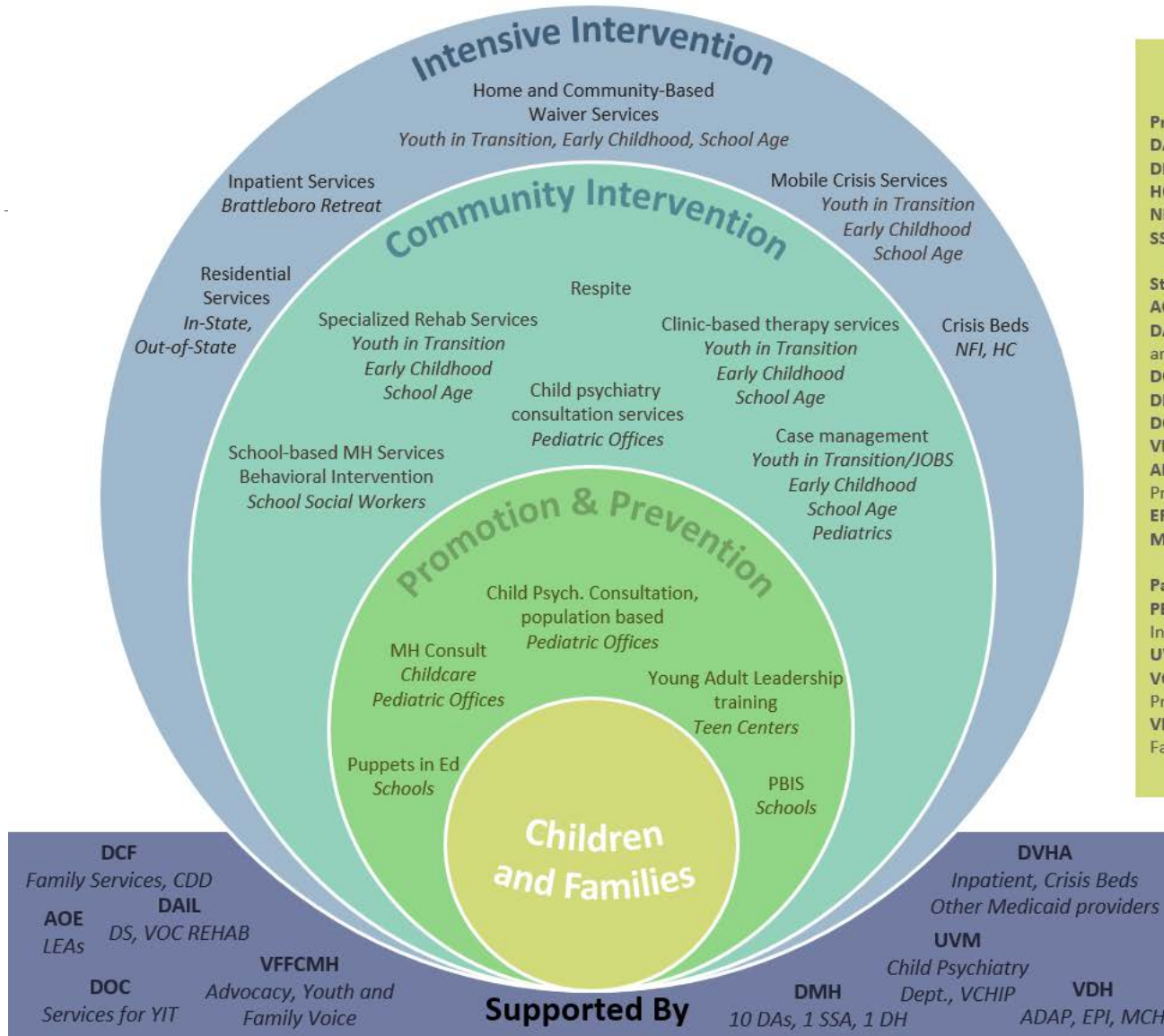
Designated Hospitals

- Brattleboro Retreat
- Central Vermont Medical Center
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Windham Center
- Vermont Psychiatric Care Hospital (State-run)
- White River Junction VA Medical Center

State Secure Residential

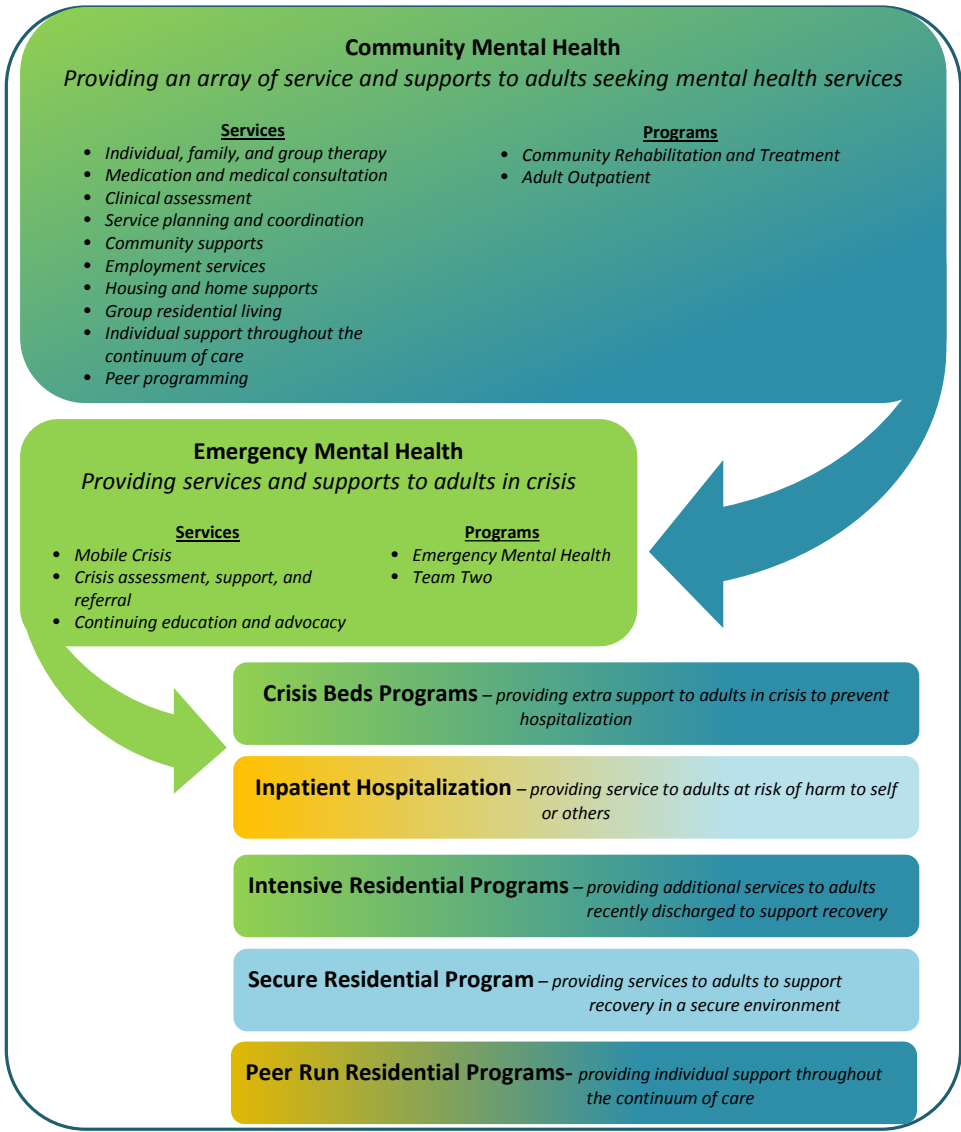
- Middlesex Therapeutic Community Residence (State-run)

Children's Mental Health System of Care



- ### Acronyms
- Providers**
- DA – Designated Agency
 - DH – Designated Hospital
 - HC – HowardCenter
 - NFI – Northeastern Family Institute
 - SSA – Specialized Service Agency
- State Government**
- AOE – Agency of Education
 - DAIL – Dept. of Disabilities, Aging, and Independent Living
 - DCF – Dept. for Children and Families
 - DMH – Dept. of Mental Health
 - DOC – Dept. of Corrections
 - VDH – Dept. of Health
 - ADAP – Alcohol Drug Abuse Programs at VDH
 - EPI – Epidemiology at DMH/VDH
 - MCH – Maternal Child Health at VDH
- Partners and Programs**
- PBIS – Positive Behavioral Intervention and Supports
 - UVM – University of Vermont
 - VCHIP – Vermont Child Improvement Project
 - VFFCMH – Vermont Federation of Families for Children's Mental Health

Department of Mental Health Adult Mental Health System of Care



Color Legend

Department of Mental Health (DMH)

Designated Agencies

private, non-profit service providers that are responsible for ensuring needed services are available through program delivery, local planning, service coordination, and monitoring outcomes within their geographic region.

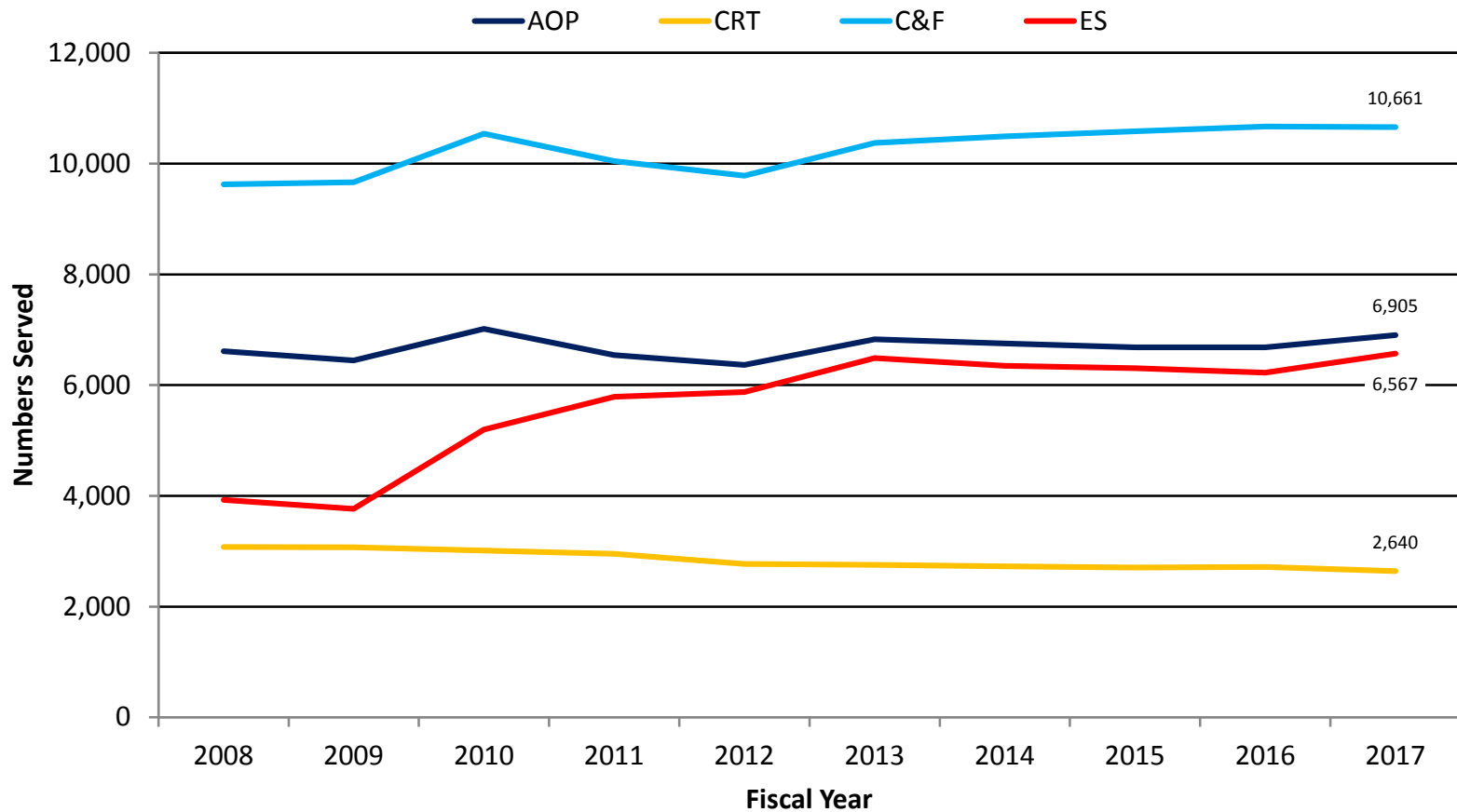
Specialized Services Agencies

private, non-profit service providers that provide a distinctive approach to service delivery and coordination or provide services that meet distinctive individual needs.

Private Providers

Psychiatrists, Psychologist, Nurse Practitioners, Social Workers, Physician Assistants, Licensed Mental Health Clinicians, Community Hospitals

People Served by Program



Departmental Budget

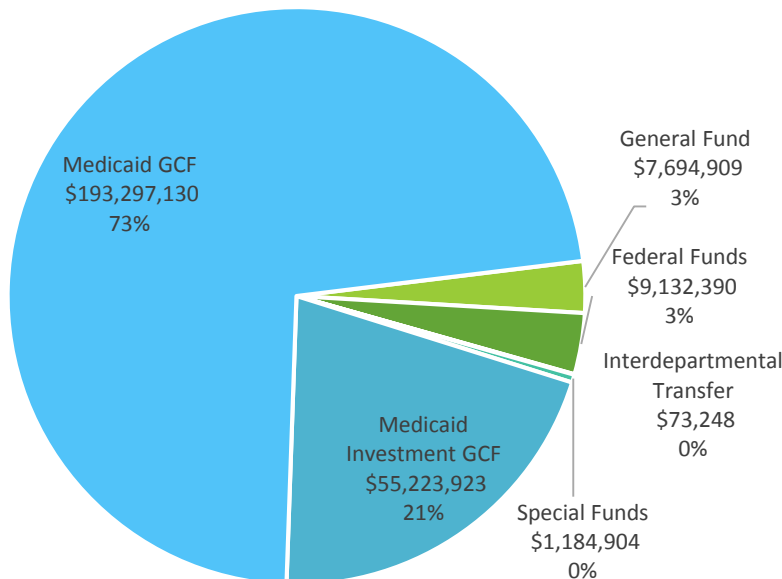
SUMMARY AND HIGHLIGHTS
FY20 PROPOSED EXPENSES
FY20 BUDGET REQUEST (UPS/DOWNS)

Agency of Human Services, Department of Mental Health FY 2020 Governor's Recommend Budget

MISSION: to promote and improve the mental health of Vermonters.

Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental-health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.

Governor's Recommend Budget
Department of Mental FY 2020 (\$266,606,504)



FY 2020 SUMMARY & HIGHLIGHTS

DMH Budget Ups - Gross: \$28,166,091 GF Equivalent: \$13,353,343

- Salary and Fringe
- Increase Physician Contract with UVMMC
- Additional VPCH Revenue
- VPCH Contracts – Travel Nurses
- Internal Service Fund Changes
- HUD Funding Replacement for Howard Center Branches
- Kids Residential Cost and Case Load
- Room & Board Phasedown
- Adult CRT Enhanced Plans
- ADS True-up from AHS Central Office (AHS Net Neutral)
- **Success Beyond Six (Match Paid by Schools)**
- DVHA to DMH for Payment Reform (Net Neutral)

DMH Budget Downs – Gross (\$4,812,884), GF Equivalent: (\$2,270,553)

- Eliminate Sheriff Supervision in EDs
- DMH Contract Savings
- Operating Savings
- Grant Savings/Reductions
- Allocation of AHS-Wide Grant Reduction Plan
- NCSS ABA Funds Move Back to DVHA (Net Neutral)
- ISB Funds Move Back to DCF (Net Neutral)

Other DMH Budget Neutral

- 12 New Level 1 Beds Beginning 2nd half of 2020

FY 2019 & 2020 NOTABLE HIGHLIGHTS

FY20

- \$17.9M in additional investment in **Success Beyond Six** to support School Based Mental Health Programs
- Increased funding for **children's residential** (PNMI – private non-medical institutions)
- Additional funding to support **Branches** a community residential program of the Howard Center
- Increased funding for **Adult CRT Enhanced Plans**
- Funding for **12 new level 1 beds** at the Brattleboro Retreat
- Successful implementation of **Mental Health Payment Reform** – children and adults (Jan 2019)

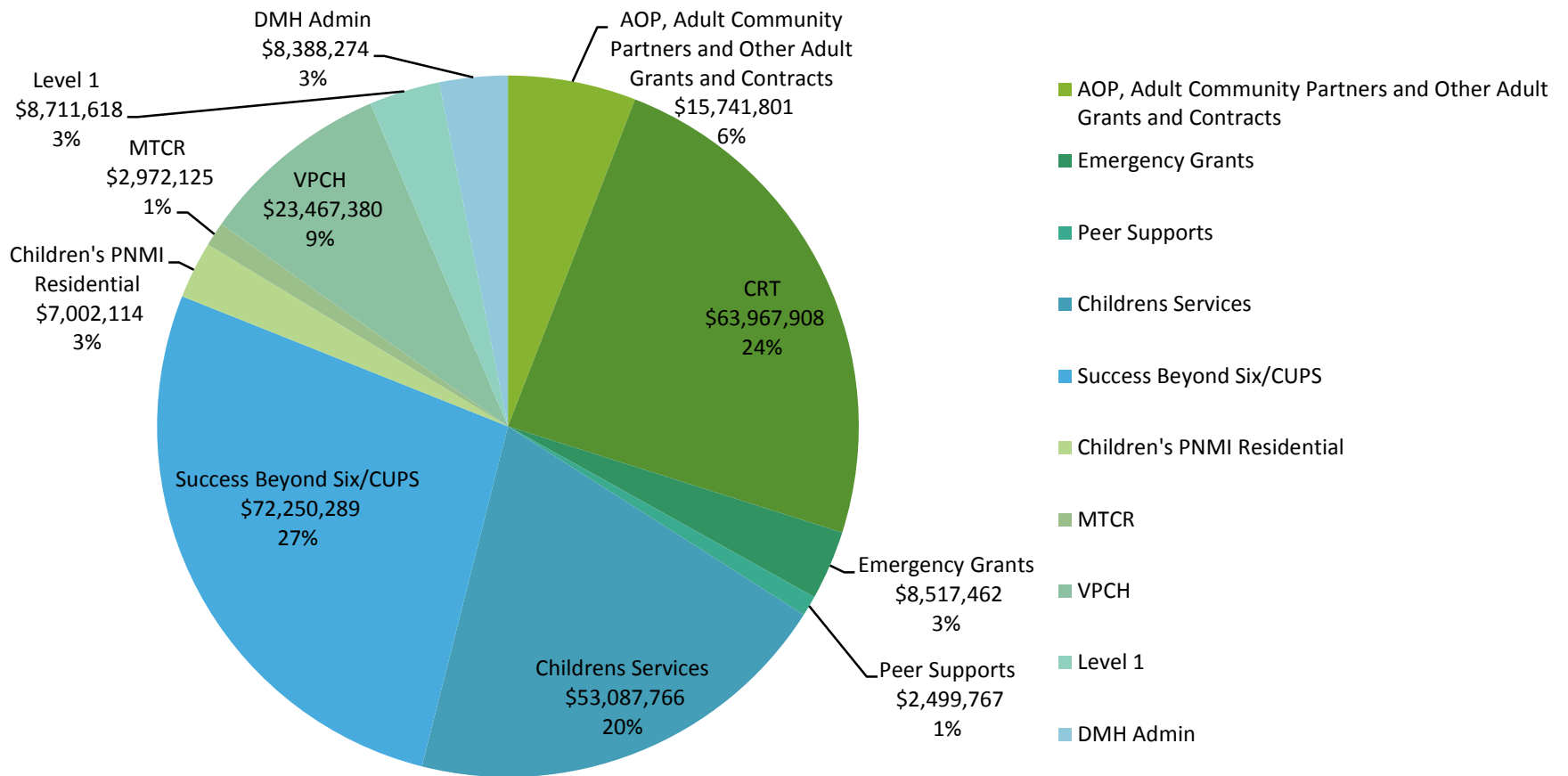
FY20 Capital Bill

- \$5M in funding allocated towards the replacement of Middlesex Secure Residential

FY19 & FY19 BAA

- Successful realization and implementation of several **grants and pilots** advancing integration of mental health, health care and collaboration with public education
- Expanded **Hospital Diversion** Program to add 6 beds for children and adolescents in southern Vermont (Cont. FY19)
- Funding to establish **Community Outreach Teams** in Chittenden County (Cont. FY19)

FY20 Proposed Expenses



FY 2020 Budget Ups and Downs

Salary and Fringe Increases

Gross: \$579,582 GF equivalent: \$241,262

- Annualization of the fy18 salary and related fringe changes per the following:
- Salary: \$142,392
- Retirement: \$465,086
- Other Fringe: \$(27,896)

Eliminate Sheriff Supervision (BAA Item)

Gross: (\$582,029) GF equivalent : (\$268,490)

- Eliminated only the sheriff supervision taking place in hospital Emergency Departments.
- Per Centers for Medicare and Medicaid Services (CMS) standards non-hospital personnel may not put hands on, restrain, contain in any way, or otherwise stop a person from leaving the ED.
- Section 103 of H.97, An act relating to fiscal year 2019 budget adjustments requires the Department to study security protocols in emergency departments to ensure the safety of patients and hospital staff as well as compliance with federal regulations.

Physician Contract with University of Vermont Medical Center (UVMCC) (BAA Item)

Gross: \$214,558 GF equivalent : \$98,976

- DMH re-negotiated the UVMCC contract; and UVMCC required salary increases for their Psychiatrists.
 - Recent retirements
 - Hiring/retention issues due to salary level

FY 2020 Budget Ups and Downs CONT.

Recognition of additional Medicare Revenue for VPCH (BAA Item)

Gross: \$0 GF equivalent : **(\$345,975)**

- Billings based on prior two years history
- Reduces the need for GC Investment funds

Increase to VPCH Operating Costs (BAA Item)

Gross: \$750,000 GF equivalent: \$345,975

- Travel nurse contracts are still heavily utilized due to staff retention

Contract Reductions

Gross: **(\$155,979)** GF equivalent: **(\$74,523)**

- Reduce children's psychiatric consultation to primary care
- Savings to VPCH pharmacy contract

Internal Service Funds (Workers Comp)

Gross: \$176,689 GF equivalent : \$82,239

- Annual increase to Workers Compensation Insurance for DMH.

FY 2020 Budget Ups and Downs CONT.

Operating Internal Service Fund Changes

Gross: \$302,858 GF equivalent : \$144,174

- Annual increase to internal service funds such as Fee for Space, Insurance, DII, Finance and Management Systems (VISION), HR, etc.

Operating Expense Savings

Gross: **(\$17,054)** GF equivalent : **(\$51,724)**

- Savings based on historical spend

HUD Funding Impact – (HC Branches)

Gross: \$120,07 GF equivalent : \$120,076

- Replacement of HUD funding for Howard Center Branches program.

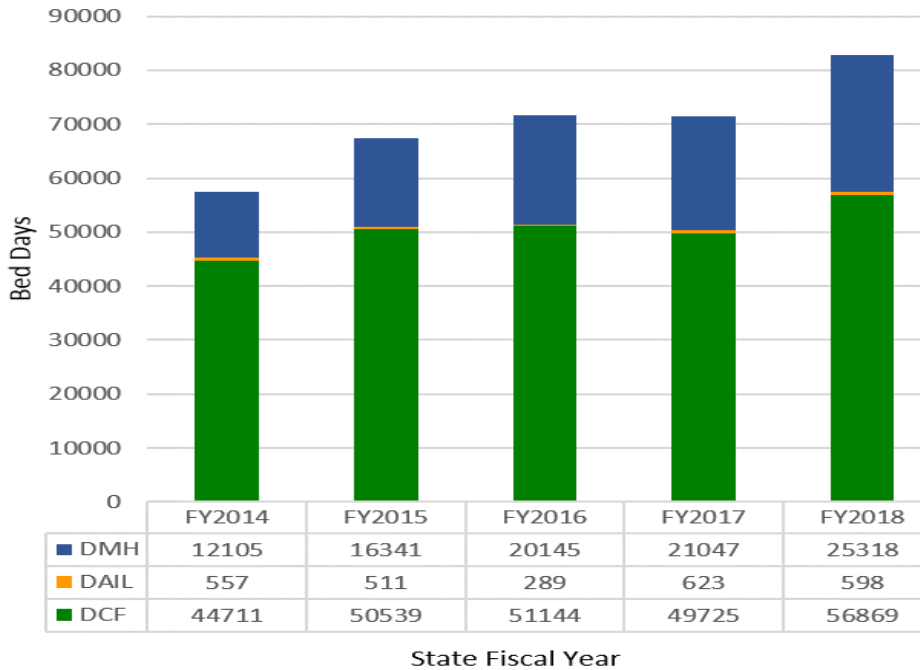
Child/Youth Residential (BAA Item)

Gross: \$1,548,085 GF equivalent: \$822,617

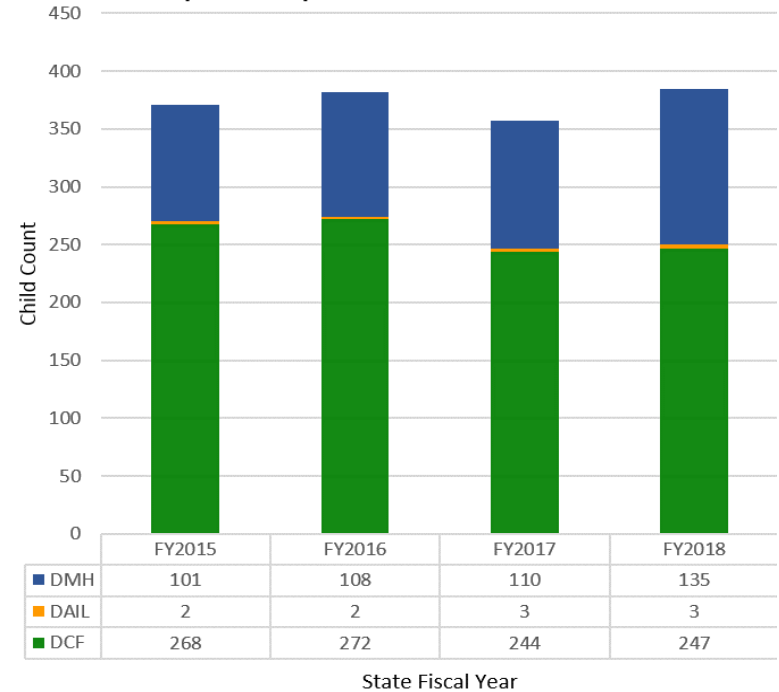
- DMH has an ongoing pressure in PNMI (private non-medical institutions – residential treatment for children).
- Extraordinary Financial Relief Requests
- Howard Center Crisis Stabilization is under

Residential treatment

Total Residential Bed Days by Department per Fiscal Year



Total Child Count in Residential by Department per Fiscal Year



FY 2020 Budget Ups and Downs CONT.

Room & Board Phase Down

Gross: \$0 GF equivalent: \$594,892

- Room and board must begin phasing out of using investment and into General Fund
- Phase out begins January 1, 2019 – 1/3 each year through calendar year

Adult CRT Enhanced Plans

Gross: \$534,810 GF equivalent: \$246,708

- Enhanced community living while keeping folks out of inpatient setting, including the scaling up of My Pad housing (a housing model that provides on site supports to individuals living independently).
- Small cohort of CRT population with repeated hospitalizations
- May have had criminal justice interaction
- Cost-effective alternative to hospitalization

FY 2020 SUMMARY & HIGHLIGHTS CONT.

Other Grant and Contract Reductions

Gross: **(\$128,909)** GF equivalent: **(\$63,409)**

- Copeland – Wellness Recovery Action Plan (WRAP) training
- TBI (utilization savings)

Allocation of AHS-wide Grants reduction plan (AHS net-neutral) (BAA Item)

Gross: **(\$1,034,713)** GF equivalent: **(\$477,313)**

- AHS-wide grant reduction initiative to implement best practice
- DMH has unachieved target
- Committed to quality improvement and monitoring outcomes

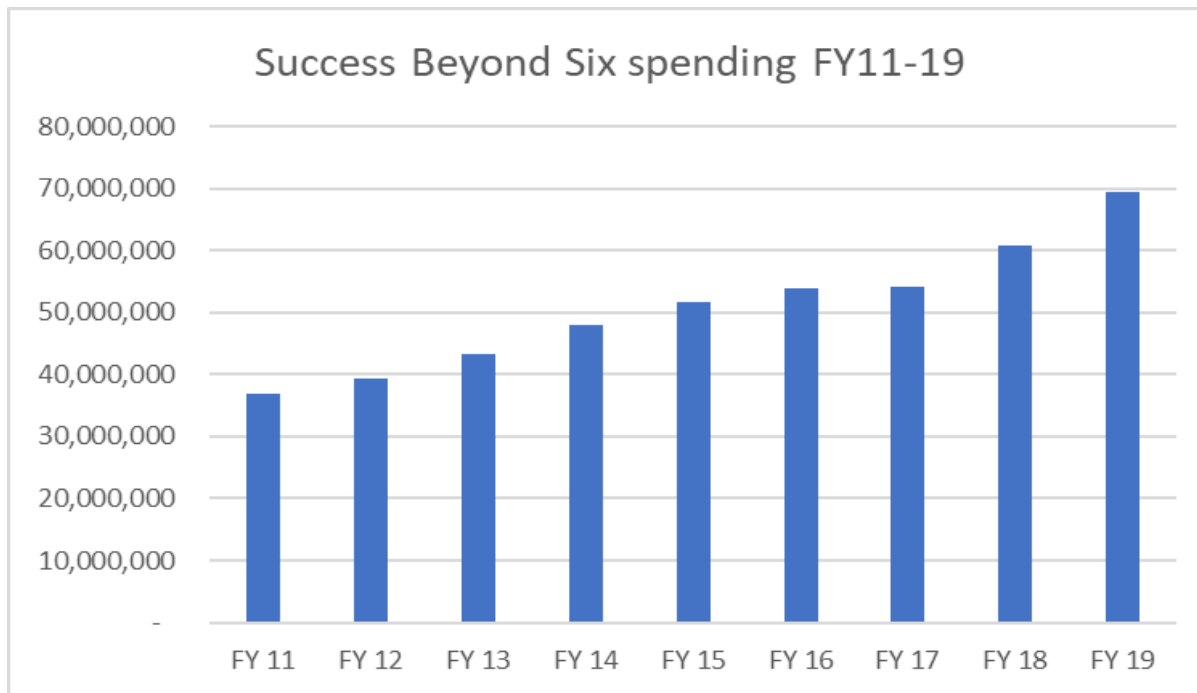
AHS/AOA changes:

Success Beyond Six (SBS) - Locally matched (BAA Item)

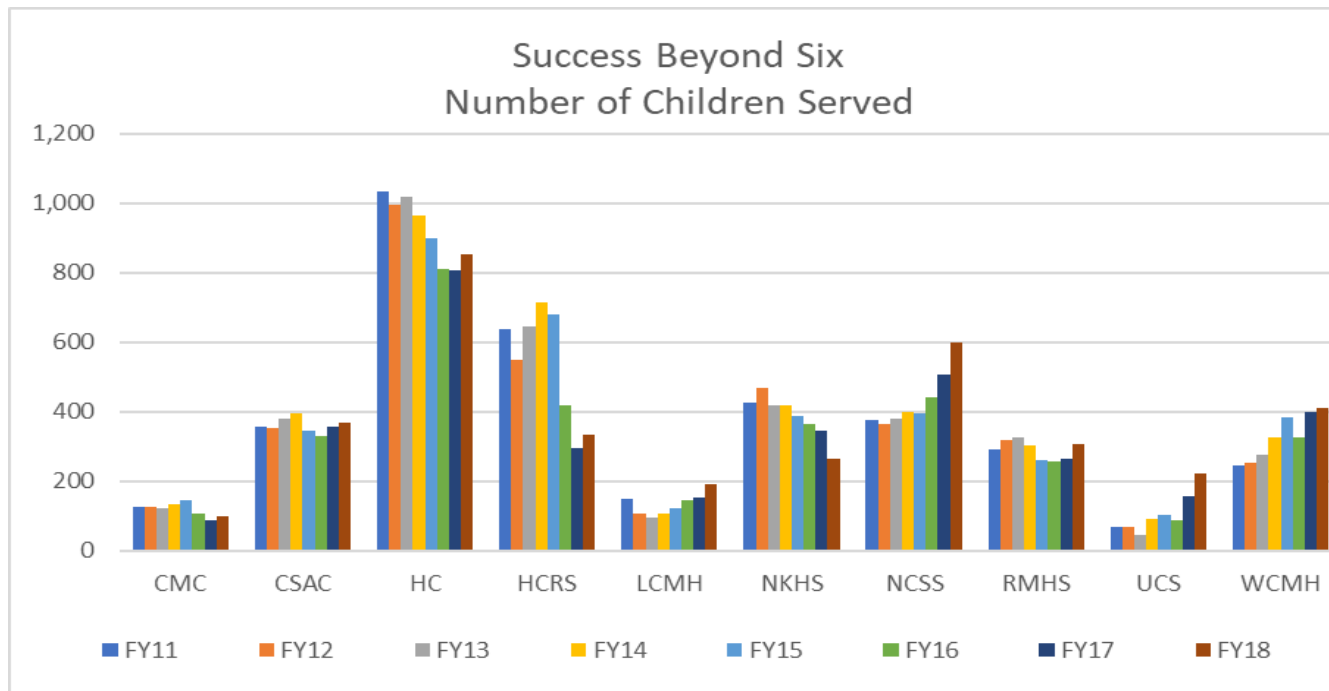
Gross: \$17,900,000 GF equivalent: \$8,257,270 (locally matched)

- Overall program growth
- Pressures in community-based, inpatient, crisis stabilization and residential
- Kids showing signs of depression, thoughts of suicide or harm to selves

School Mental Health



School Mental Health



FY 2020 Budget Ups and Downs CONT.

Applied Behavior Analysis (ABA) funding back to DVHA for NCSS (BAA Item)

Gross: (\$1,394,200) GF Equivalent: (\$643,144)

- Added to NCSS in FY 16 – 19
- DVHA has created a bundle for ABA beginning July 1

Move Children's Individual Service Budget (ISB) Funds back to DCF (BAA Item)

Gross: (\$1,500,000) GF Equivalent : (\$691,950)

- ISB funding for Laraway moving back to DCF
- Remaining DCF funds will be included in the new DMH bundle for kids

Agency of Digital Services (ADS) true-up from AHS Central Office (BAA Item)

Gross: \$394,134 GF Equivalent : \$197,067

- True-up of ADS cost associated with the Department of Mental Health.

DVHA to DMH for Payment Reform (BAA Item)

Gross: \$5,592,050 GF Equivalent : \$2,548,062

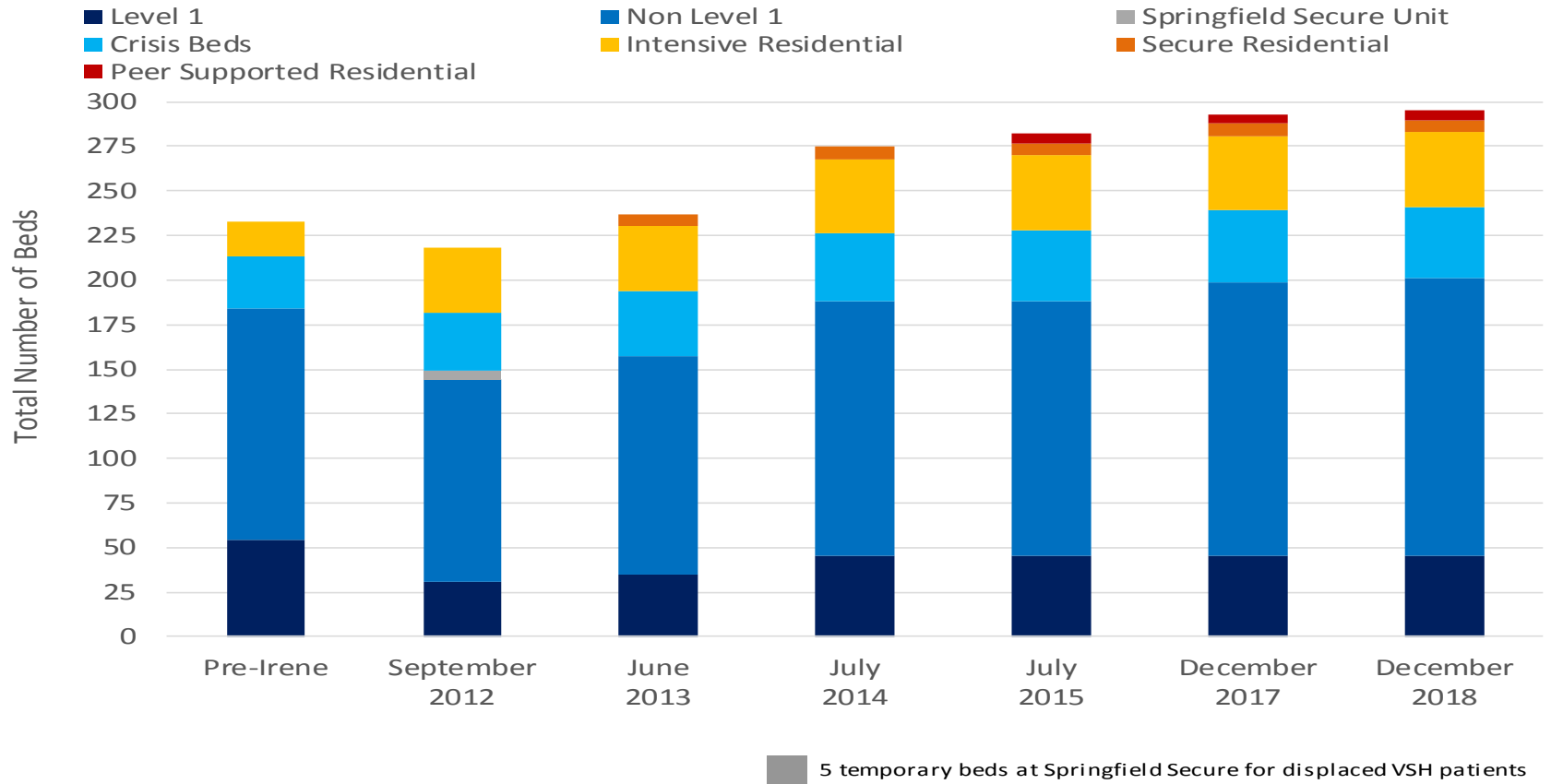
- DVHA funds going into the DMH bundles for kids and adults

12- New Level one Beds (2020)

Gross: \$ GF Equivalent: \$

- Operation of 12 new Level 1 beds at Brattleboro Retreat 2nd half of FY'20.
- One time funds TBD

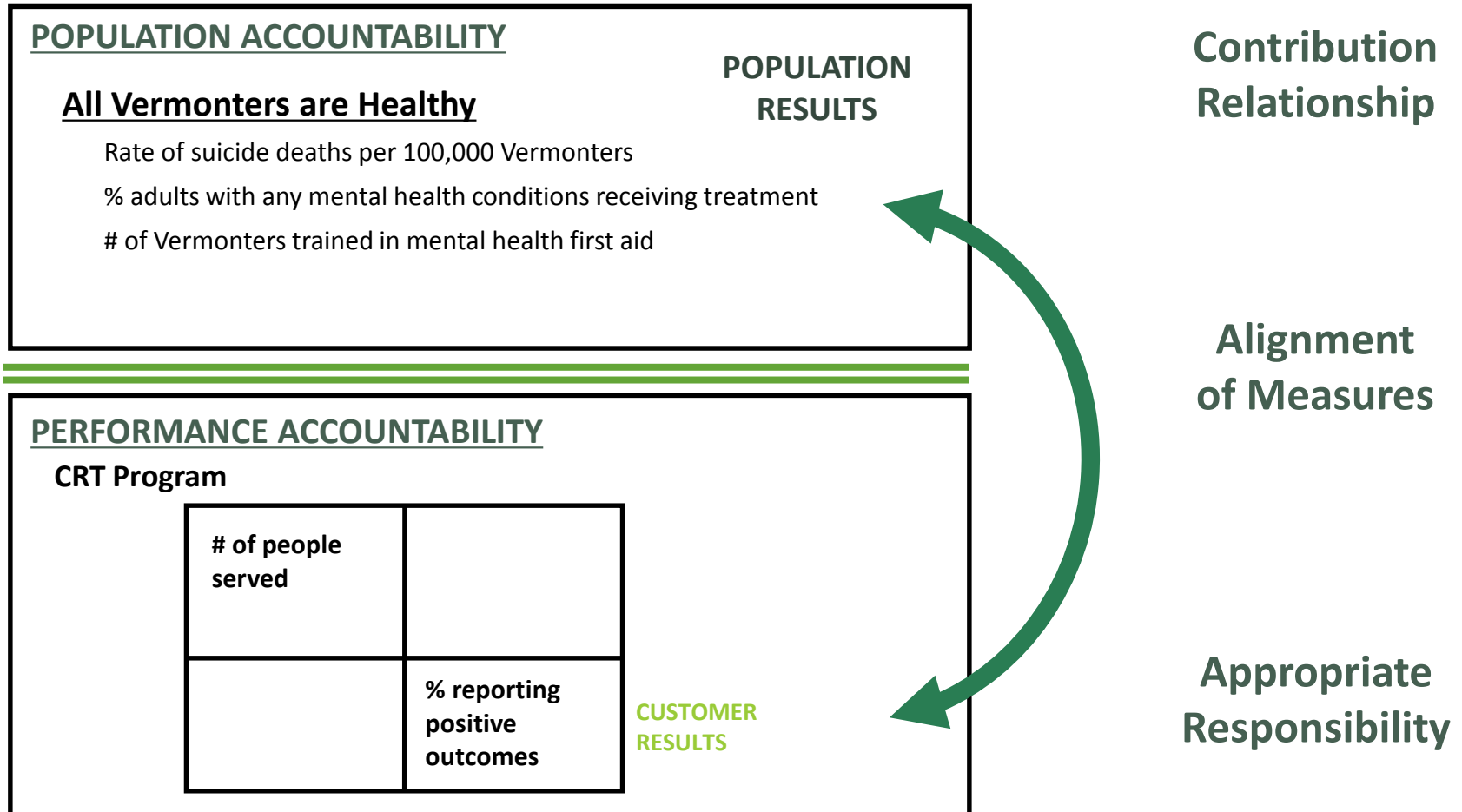
Vermont Department of Mental Health Psychiatric Beds in Adult System of Care



Results Based Accountability

COMMON LANGUAGE
PROGRAMMATIC PERFORMANCE MEASURES

Performance to Population



Performance Measures

2018 Act 186 Outcomes

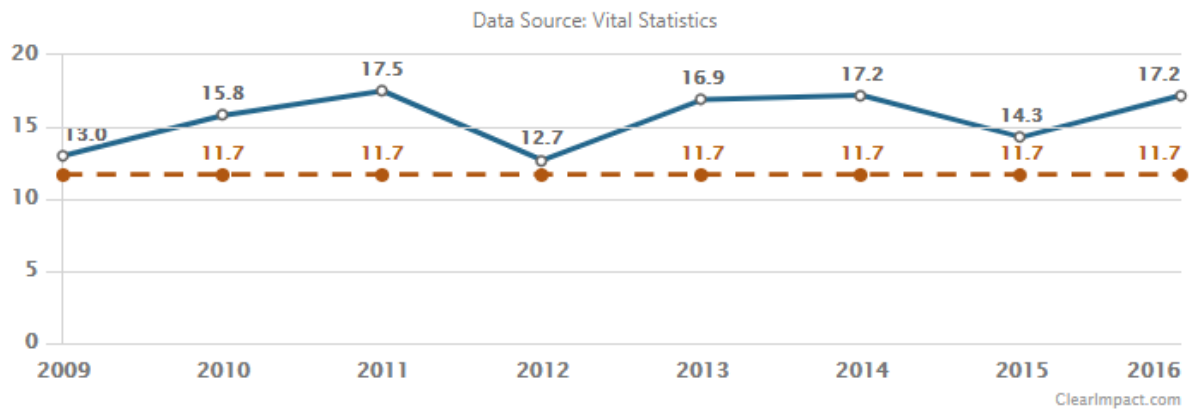
		Time Period	Current Actual Value	Current Trend
0	All Vermonters are healthy			
+	I AHS Rate of suicide deaths per 100,000 Vermonters	2016	17.2	↗ 1
+	I Act186 # of Vermonters trained in Mental Health First Aid	2017	2,974	↗ 4
+	I Act186 % of Vermont adults with any mental health conditions receiving treatment	2016	56%	↘ 1

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Performance Measures

○ All Vermonters are healthy 📄
Time Period Current Actual Value Current Trend

I **AHS** Rate of suicide deaths per 100,000 Vermonters



Time Period	Current Actual Value	Current Trend	Count
2016	17.2	↗	1
2016	17.2	↗	1
2015	14.3	↘	1
2014	17.2	↗	2
2013	16.9	↗	1
2012	12.7	↘	1
2011	17.5	↗	2
2010	15.8	↗	1
2009	13.0	↘	1
2008	14.1	↗	3

- [Story Behind the Curve](#)
- [Partners](#)
- [Strategy](#)
- [Why Is This Important?](#)
- [Notes on Methodology](#)
- [More »](#)

Performance Measures

		Most Recent Period	Current Actual Value	Current Trend
  CRT Community Rehabilitation and Treatment (CRT) 				
  How_Much # served in CRT		SFY 2018	2,628	 1
  How_Well % of CRT clients receiving follow up services within 7 days of psychiatric hospitalization discharge		SFY 2017	 81%	 1
  Better_Off % of CRT clients reporting positive outcomes		SFY 2016	 74%	 1

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Performance Measures

Inpatient Services		Most Recent Period	Current Actual Value	Current Trend
⊖	P VPCH Vermont Psychiatric Care Hospital (VPCH) 			
⊕	PM VPCH Average length of stay in days for discharged patients	SFY 2018	146	 1
⊕	PM How_Well # hours of seclusion and restraint per 1,000 patient hours	SFY 2018	0.71	 1
⊕	PM How_Well % of discharges readmitted involuntarily within 30 days of discharge	SFY 2017	7%	 1

Performance Measures

Integrating Family Services (IFS)		Time Period	Current Actual Value	Current Trend
	# of children and youth served in IFS	FYQ1 2019	1,322	1
	% of those served who agree that services were right for them	SFY 2017	96%	2
	% of those served who agree that services made a difference	SFY 2017	93%	2

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

Performance Measures

RBA Clear Impact Scorecards

- The Department of Mental Health has several RBA scorecards containing data and performance measures related to our system of care.
- To view the RBA Scorecards for the Department of Mental Health:

<http://mentalhealth.vermont.gov/reports/results-based-accountability>

[The Department of Mental Health \(DMH\) Scorecard
Reducing Seclusion and Restraint in Vermont's Psychiatric Hospitals
Vermont Psychiatric Care Hospital \(VPCH\) Outcomes](#)

[DMH System Snapshot
DMH Continued Reporting](#)

Mental Health Payment Reform

Section 12 of Act 113 of 2016 requires the Secretary of the Agency of Human Services to embark upon a multi-year process of payment and delivery system reform for Medicaid providers that is aligned with the Vermont All-Payer Accountable Care Organization Model and other existing payment and delivery system reform initiatives.

Effective Date	January 1, 2019
Payment Model	Monthly Case Rates: Child Case Rate & Adult Case Rate + Value-based Payments
Total Funds	~\$98,000,000 (~\$40,000,000 for the child case rates and ~\$58,000,000 adult case rates)
Services	Mental Health Services provided by Designated Agencies and NFI and Pathways Vermont <u>Waiver:</u> <ul style="list-style-type: none">• Specialized mental health services for individuals with serious and persistent mental illness.• Specialized mental health services for children under 22 with a serious emotional disturbance. <u>State Plan:</u> mental health clinic services, specialized rehabilitation services

Inpatient Capacity

- Funding for **12 new level 1 beds** at the Brattleboro Retreat
- \$5M in funding allocated towards the **replacement of Middlesex Secure Residential**
- UVM Health Network – **development of additional in-patient capacity at CVMC**

Community Capacity

- Build on and expand community supports and program that include **community outreach, Pre-ED Diversion, mobile crisis**
 - Peer respite
- Expand **short term and long term supported housing options**
 - My Pad
- **Geriatric psychiatry** community capacity
- **Mobile response** for children & families

Promotion, Prevention & Early Intervention

- Early Childhood & Family Mental Health (ECFMH)

Systems & Finance

- Successful implementation of **Mental Health Payment Reform** – children and adults (Jan 2019)
- Future of the Mental Health System in Vermont – 10 Year Vision

Contact Information

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